

FOR OFFICIAL USE ONLY OCT 1 1997

APPENDIX L

-- NRA DEACTIVATION CHECK LIST --

NRA DEACTIVATION PROCESSING FOR SELECTED RESERVISTS

NOTE: ALL ITEMS MUST BE FILLED OUT PRIOR TO RESERVIST DEPARTING THE NRA.

NAME: _____ RANK/RATE: _____
 SSN/DESIGNATOR: _____ SEX: M _____ F _____
 UNIT ASSIGNED: _____ UIC: _____
 DUTY STATION DEPARTING: _____ UIC: _____

	YES	NO	NA	INITIAL
1. MEDICAL RECORD RECEIVED?				
2. IF RESERVIST WAS DEPLOYED TO AREA OF RESPONSIBILITY ARE THERE ANY FOLLOW-ON MEDICAL REQUIREMENTS? IF SO, ADVISE RESERVIST OF THESE REQUIREMENTS.				
3. DENTAL RECORD RECEIVED?				
4. IF RESERVIST DISENROLLED FROM TRICARE SELECTED RESERVE DENTAL PROGRAM UPON RECALL, DOES MEMBER DESIRE ENROLLMENT BACK INTO PROGRAM? IF SO, ENSURE APPROPRIATE PAPERWORK IS COMPLETED AND PROCESSED.				
5. SERVICE RECORD RECEIVED?				
6. FINAL TRAVEL CLAIM (IF NOT COMPLETED AT THE NMPS) SUBMITTED TO SUPPLY?				
7. CHECKED-IN WITH MANPOWER TO APPLY FOR DRILLING BILLET ASSIGNMENT?				
8. FINAL ORDERS RETURNED TO TRAINING ?				

SIGNATURE OF CERTIFYING NRA OFFICIAL: _____

PRINTED NAME/PHONE NUMBER: _____

SIGNATURE OF RESERVIST: _____

PRINTED NAME/PHONE NUMBER: _____

DATE/TIME: _____

Enclosure (1)

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